KALAMAZOO RESA
CTE
Career & Technical Education

KRESA CTE PURCHASE REQUEST FORM

DISTRICT: _____

DATE: _____ ☐ **Place order after July 1 for next year's budget**

TEACHER: _____ **ASN/ACCOUNT #:** _____

VENDOR NAME _____

ADDRESS _____

CITY, STATE ZIP _____

PHONE: _____ **WEBSITE (if online order):** _____

SHIP TO: _____

_____

List items (include hyperlink from website if applicable) or attach itemized list

Item Description	Quantity	Price ($)	Total ($)
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00

Please remember schools are tax exempt*

SHIPPING & HANDLING	
GRAND TOTAL	$ 0.00

_____
Instructor Signature

_____
CTE Approval Signature and Date